GA Web Portal FFS Outlier Web Entry Manual

Provider User Manual

≈ALLIANT
GMCF

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1.0 Overview

Providers must submit requests for Outlier, via the web portal *Provider Workspace* (www.mmis.georgia.gov). Supporting documentation must be electronically attached to the request. The system will let you know what documentation needs to be attached to the request. At a minimum, the itemized bill is to be attached. Once the provider Outlier request is submitted, the provider will be able to view the decision over the web portal.

2.0 Outlier Request Web Entry

2.1 Outlier Request Guidelines

- Claims qualifying for an outlier review, will have edit 4399 post to the RA.
- An Outlier review request must be electronically requested via the web portal/Provider Workspace (www.mmis.georgia.gov).
- Providers must electronically attach all supporting documentation, and this can be done on submission of the request and any time thereafter while in pending status. Once a decision has been rendered, additional documentation cannot be attached to the request. A new request will need to be submitted.
- Once the electronic request is submitted, providers will receive a Case ID.
- The specific documentation will need to be attached will be indicated when the request is submitted and a case ID is assigned. At a minimum, the itemized bill must be submitted.
- The itemized bill must be submitted in an Excel file and the system will validate policy adherence. Specifics about the Excel file format are below.
- The Outlier review request must be submitted within three (3) months from the month in which the Division reimburses the case rate. Edit 4399 must be present on the RA.
- For further information, please refer to the DCH Part II, Hospitail Policies & Procedures Manual, Appendix L, Reimbursement for Outlier Cases.
- Paper requests will **NOT** be accepted and will be discarded.

2.2 Outlier Submission Instructions

1. Go to the Webportal/Provider Workspace: www.mmis.georgia.gov

Outlier Web Entry

2. From the *Provider Workspace*, scroll down to the *Outlier Review* section and select *Create/Search Provider Request.*

Outlier Review

Create/Search Provider Request

Use this link to request an Outlier Review and to Search for Outlier Results

Itemized Bill Template

Use this link to view the required itemized bill format in Excel.
The worksheet should be named 'Sheet1'.
The file should only contain data elements, no formatting ie., no page numbers, no blank rows, no headers.
If the file is bigger than 20 MB, please attach multiple files.

* NOTE: The file formats could change.

3. The *Outlier Review Request/Search page is* displayed.

Outlier Provider Search

| Search Cases | Create Request | Return to Provider Workspace |

Case Search

Provider ID:	██████████	Provider Name:	██████████████
Member ID:			
ICN:		Case ID:	
Date of Service From:		Date of Service To:	
Decision:		Review Type:	

| Search | Clear Search |

4. The provider ID and provider name will auto populate.
5. If your e-mail does not automatically populate, please enter the information.
6. Select *Create Request* to display the *Outlier Review Request Page.*

Outlier Web Entry

Outlier Provider Request

Search Cases	Create Request	Return to Provider Workspace

Create a New Request

Provider ID: ███████	Provider Name: █████████████
Member ID:	ICN Number:
Provider Email ████████████████	

Submit

7. Enter the member ID and the ICN Number and select *Submit*.
8. The system will create a Case ID and return the the CASE ID along with the Case Details and Review History, if applicable.

Outlier Web Entry

Outlier Provider Request

Search Cases	Create Request	Return to Provider Workspace

Case Details

Case ID:	3086	Admit Date: 10/5/2010	Provider ID:		
Provider Name:		Member ID:		Member Name:	
Current ICN:		DOS From: 10/5/2010	DOS To:	10/10/2010	
Provider Email:					

The outlier request has been received. Please attach the documentation listed below.

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review		0000000000000	09/19/2011			Pending

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

- ⦿ Itemized Bill
- ◯ Cover Letter
- ◯ Claim - UB Form
- ◯ Utilization Review (UR) Notes
- ◯ Physician Progress Notes
- ◯ Physician Discharge Summary
- ◯ Operative (OP/OR) Procedure Notes (if applicable)

Browse...	Attach File

Attached Files

File	Type	Size	User	Date	
					DELETE

- The system will prompt you what documentation is required. At a minimum, the itemized bill in an Excel format should be attached. The provider can attach documentation upon submission and up to the time the case is under review.

9. Excel File Format:
   - The Excel file can be named as you choose (ie. member name Itemized Bill, member initials Itemized Bill, etc).
   - Excel Worksheet should be named "**Sheet1**"

Outlier Web Entry

ACCOUNT_NUMBER	DATE_OF_SERVICE	REVENUE_CODE	ITEM_NUMBER	DESCRIPTION	QUANTITY	AMT_BILLED
123456789	4/5/2016	164	16000000	ISOLATION MED SURG	1	$2,100.00
123456789	4/6/2016	164	16000000	ISOLATION MED SURG	1	$2,100.00

Sheet1 ⊕

The Excel Worksheet should be named:
Sheet1

- The **column headers** should be as follows:
  - ACCOUNT_NUMBER, DATE_OF_SERVICE, REVENUE_CODE, ITEM_NUMBER, DESCRIPTION, QUANTITY, AMT_BILLED
- Files should only contain data elements only (no formatting, ie. no blank rows, no page numbers, headers, footers, etc.)
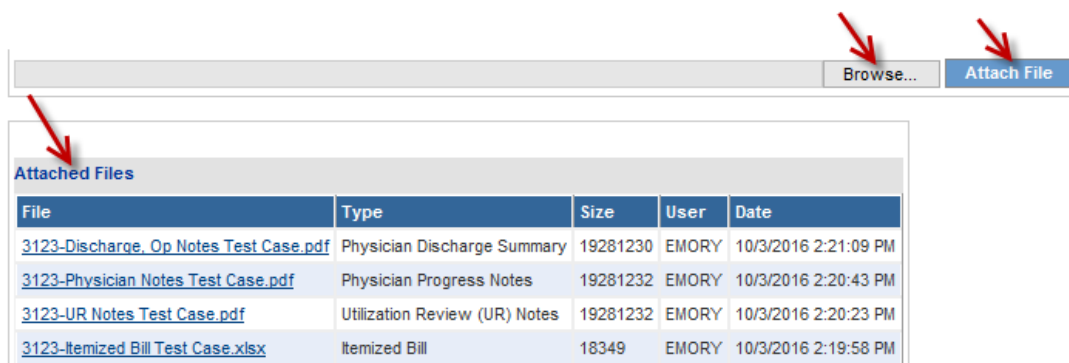
Example:

ACCOUNT_NUMBER	DATE_OF_SERVICE	REVENUE_CODE	ITEM_NUMBER	DESCRIPTION	QUANTITY	AMT_BILLED
123456789	4/5/2016	164	16000000	ISOLATION MED SURG	1	$2,100.00
123456789	4/6/2016	164	16000000	ISOLATION MED SURG	1	$2,100.00
123456789	4/5/2016	113	15000000	HCHB R&B PRIVATE	1	$938.00
123456789	4/6/2016	113	15000000	HCHB R&B PRIVATE	1	$938.00
123456789	4/5/2016	250	24000000	OMEPRAZOLE 40 MG CAP, DELAYED RELEASE	1	$25.75
123456789	4/6/2016	250	24000000	OMEPRAZOLE 40 MG CAP, DELAYED RELEASE	1	$25.75
123456789	4/6/2016	270	20000000	BIOPSY SET, LIVER	1	$1,950.00
123456789	4/5/2016	301	30000000	COMPREHENSIVE METABOLIC PANEL	1	$251.00
123456789	4/6/2016	301	30000000	COMPREHENSIVE METABOLIC PANEL	1	$251.00
123456789	4/6/2016	360	36000000	BIOPSY LIVER NEEDLE PERC	1	$1,600.00

10. Attaching supporting documentation for review:
In order to attach a document to a request, the document must be saved to one of the provider's system drives.
- The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE. The Itemized bill must be an Excel document
- Do not include the following symbols as part of the file name: \, /, #, greater than sign, lesser than sign, ', ".
- The name of the file to be attached cannot have the same name of a file that is already attached.
- The file size for an individual attachment MUST be less than 20 MB in size; so if a file is especially large, divide the file into two files.
- Click **Browse** to find the file to be attached.
- To select a file, highlight the file and click **Open,** or double click the file.

Outlier Web Entry

- The file name will appear in the box next to browse.
- Click **Attach File**. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment will display in the **Attached Files** table.

File	Type	Size	User	Date
3123-Discharge, Op Notes Test Case.pdf	Physician Discharge Summary	19281230	EMORY	10/3/2016 2:21:09 PM
3123-Physician Notes Test Case.pdf	Physician Progress Notes	19281232	EMORY	10/3/2016 2:20:43 PM
3123-UR Notes Test Case.pdf	Utilization Review (UR) Notes	19281232	EMORY	10/3/2016 2:20:23 PM
3123-Itemized Bill Test Case.xlsx	Itemized Bill	18349	EMORY	10/3/2016 2:19:58 PM

3.0 Outlier Request Search

3.1 Search Instructions

Follow these instructions to search for a provider Outlier decision.

1. From the *Provider Workspace*, scroll down to the *Outlier Review* section and select *Create/Search Provider Request* to display the Outlier Search screen.

Outlier Review

Create/Search Provider Request

Use this link to request an Outlier Review and to Search for Outlier Results

Itemized Bill Template

Use this link to view the required itemized bill format in Excel.
The worksheet should be named 'Sheet1'.
The file should only contain data elements, no formatting ie., no page numbers, no blank rows, no headers.
If the file is bigger than 20 MB, please attach multiple files.

* NOTE: The file formats could change.

2. Select *Search Cases* to display all the Cases submitted by the provider.

Outlier Web Entry

Outlier Provider Search

| Search Cases | Create Request | Return to Provider Workspace |

Case Search

| Provider ID: | ▆▆▆▆▆▆ | Provider Name: | ▆▆▆▆▆▆▆▆ |

Member ID: [　　　　　　]

ICN: [　　　　　　]   Case ID: [　　　　　　]

Date of Service From: [　　　　　　]   Date of Service To: [　　　　　　]

Decision: [　　　▼]   Review Type [　　　▼]

| Search | Clear Search |

3. To narrow your search, your may search for an Outlier Review Case by:
   - Member ID
   - ICN
   - Case ID
   - Date of Serivce
   - Decision
   - Review Type

4. The system will display the search results. Next, click on the **Case Number (ie 12345)** indicated to view the case details.

Search Results

Case	Provider	Member	Member Name	DOS From	DOS To	Current ICN
▆▆▆▆						

5. The page will display the list of reviews performed. Click on the specific review type (*first review, second review*) to view the case details.

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
▆▆▆▆	▆▆▆▆	0000000000000	08/15/2011	09/28/2016	09/28/2016	Denied
		0000000000000	12/07/2010	09/28/2016	09/28/2016	Approved

Outlier Web Entry

6. The review decision and decision letter will be displayed.

Outlier Case Details Page

| Search Cases | Create Request | Return to Provider Workspace |

Case Details

Case ID: 3125	Admit Date: 6/17/2011	Provider ID: ███	
Provider Name: ███	Member ID: ███	Member Name: ███	
Current ICN: ███	DOS From: 6/17/2011	DOS To: 8/4/2011	
Provider Email: ███			

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	███	0000000000000	08/15/2011	09/28/2016	09/28/2016	Denied
Second Review	███	0000000000000	12/07/2010	09/28/2016	09/28/2016	Approved

First Review Details

External review Comments:

9/28/16: Initial Denial. Test Case.

Letters

Letter Description	Letter Type	Modified By	Date Modified	Comments
Acknowledgement of Receipt	ACK-RCPT		9/28/2016 11:27:24 AM	
Initial Denial	DEN-INIT	███	9/28/2016 11:51:47 AM	9/28/16: Initial Denial. Test Case.

Outlier Web Entry

7. For approved reviews, the disallowed charges will be viewable.
8. Click on the "display disallowed charges" to view the details.

Disallowed Charges

Line Sequence	Line #	Revenue Code	Line Summary	Charge Details			
				Item Sequence	Disallowed Item	Reason_Desc	Amount
134513	3	0250	44621.65	122692	Test case	Not Covered	1750.00
				122693	Test case	Not Itemized	250.00
				122694	Test case	No Order	75.00
						Total:	2075.00
				Item Sequence	Disallowed Item	Reason_Desc	Amount
134519	9	0301	8721.00	122695	Test case	Staff Time	750.00
						Total:	750.00
				Item Sequence	Disallowed Item	Reason_Desc	Amount
134537	27	0450	2113.00	122696	Test case	Staff Time	250.00
						Total:	250.00
			Total: 3075				

4.0 Notification of Decisions

Providers will receive a *No-Reply Email* when an Outlier Request has been received in the **Outlier** system, and also when a decision has been rendered on the outlier request. A decision letter detailing the decision and related information will also be provided. Approved outlier cases will be sent to HPE for reprocessing.

4.1 No-Reply Emails

- When providers submit a request for an Outlier review, or when a decision is rendered on a review, a *No-Reply Email* will be sent to the email address noted on the request. The message will contain the Case ID that can be used to search for the request and decision letter if applicable. The email is also posted to the **Review Details Page** for future reference.

Example – Receipt of Outlier Request

Notification Desc	Email Sent To	Sent On	Sent By	Status
*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - Thank you for contacting Alliant Health Solutions | Georgia Medical Care Foundation. Your Outlier request, "case ID #," has been received and placed in the queue to be reviewed. Please allow us time to review your request. Please visit Provider Workspace section of Georgia MMIS portal: https://www.mmis.georgia.gov to view any details. Regards, Nurse Reviewer Team. *** Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. ***	Test.Case@gmcf.org	8/1/2016 10:10	Test Case	Pending

Example – Notification of Decision

Notification Desc	Email Sent To	Sent On	Sent By	Status
*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - Your Outlier request on "Case ID #" has been reviewed. Please check the Provider Workspace section of the Georgia MMIS Web Portal for the review decision. The decision letter will be available on the Provider Workspace. Regards, Outlier Review Team. *** Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. ***	Test.Case@gmcf.org	8/12/2016 8:48	Outlier Nurse	Approval

4.1 Response Letters

- The decision letters for the Outlier case will be posted under the letters section. The letter is a viewable PDF document.

Letters				
Letter Description	Letter Type	Modified By	Date Modified	Comments
Acknowledgement of Receipt	ACK-RCPT		9/28/2016 11:27:24 AM	
Initial Denial	DEN-INIT	███	9/28/2016 11:51:47 AM	9/28/16: Initial Denial. Test Case.

5.0 Contacting Alliant/GMCF

Purpose

Provider Correspondence functionality allows Providers to submit questions to Alliant GMCF reviewers via the *Provider Workspace.* The workspace includes the following features to accommodate this type of correspondence.

- **Contact Us:** This link is used to submit a correspondence and is found in the following workspace locations:
  - o Bottom of the *Provider Workspace* page
  - o Provider Inquiry Form (DMA-520A) submission page and search page
  - o *Review Request* page for a PA request. Search for a PA, open the *Review Request* page, and click **Contact Us**.

- **Search My Correspondence:** A correspondence search link is available at the bottom of the workspace page and may be used to search for all correspondence associated with a provider's ID number.

- **Provider Messages:** A 'Provider Messages' drop list has been added to the top of the workspace.
  This list displays the **last 10** processed and unprocessed correspondences submitted by the provider, or created and submitted to the provider by GMCF staff. Unprocessed correspondences are correspondences for which GMCF has not yet submitted a 'GMCF Response'; while processed correspondences are correspondences for which a 'GMCF Response' has been submitted.

- **Notification Alert**: The following alert notification has been posted to the top of the workspace page announcing the new correspondence functionality. Providers can remove by clicking **Close Notification**.

5.1 Instructions

Submit a Correspondence

Follow this procedure to submit a correspondence to GMCF:

1. Click **Contact Us** on the workspace to open the correspondence contact form.

Outlier Web Entry

2. Select a 'Contact For' category:

Outlier Web Entry

3. If the 'Contact For' category selected is for Medical Claims, a box will display for the Inquiry Number as shown below.

Contact Form	
Correspondence ID :	
Contact For :	Outlier
ICN Number :	
Contact Name :	
Contact Email Address :	
Confirm Email Address :	

4. Enter the name of the person submitting the correspondence in the 'Contact Name' box.
5. Enter the contact person's email address in the 'Contact Email Address' box, and then enter again in 'Confirm Email Address' box to verify (required).
6. Enter the contact person's phone number in the 'Phone Number' box.
7. Enter the message or question in the 'Message/Question' box.
   (*GMCF Response and Reference Attachments*: Once GMCF submits a response; this section displays the GMCF response and any documents attached by staff.)
8. Click **Submit Information**. If the submission is successful, a message displays in red below the contact form. The message includes the correspondence ID. Providers can use the correspondence ID to later search for the correspondence and view the GMCF response.

Outlier Web Entry

Contact Form

Correspondence ID :	
Contact For :	Outlier ▾
ICN Number :	1111111111111
Contact Name :	Test.Case
Contact Email Address :	Test.Case@gmcf.org
Confirm Email Address :	Test.Case@gmcf.org
Phone Number :	- - Ext.
Message / Question :	Please enter your message here that you wish to convey to the Outlier review team.
GMCF Response :	
Reference Attachments :	

Submit Information   **Reset Form**   **< Back**   **Return to Provider Workspace**

Record saved successfully. Notification Email has been sent on 9/28/2016 12:35:45 PM to email address provided above. Confirmation Number is : C16092800001.

9. The message also indicates that an email has been sent to the contact email address. The email notifies the provider that the question has been received. This email is strictly a notification. Do not respond to the email.

Here is a sample of the email:

This message was sent with High importance.

From:	no-reply@gmcf.org	Sent:	Wed 7/13/2011 2:17 PM
To:	Darlene Barrett		
Cc:			
Subject:	Message from GA MMIS Portal		

*** DO NOT RESPOND TO THIS E-MAIL ***

Dear Provider,

Thank you for contacting Alliant Health Solutions | Georgia Medical Care Foundation. We have received your message successfully. Your confirmation number is "C11071300024".

Once we process this message, we will again send you a notification email about that will be available on Provider Workspace section of Georgia MMIS portal: https://www.mmis.georgia.gov

Regards,
Nurse Reviewer Team.

*** Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. ***

Outlier Web Entry

5.2 Search for Correspondence and GMCF Responses

Follow this procedure to find correspondences and view GMCF responses:

1. If the correspondence was submitted recently, first check the 'Provider Messages' drop list at the top of the workspace page. Find the 'Correspondence ID'; highlight the ID; and click **Show** to open the contact form.
   -OR-
2. Click **Search My Correspondence** at the bottom of the workspace to open the *Search Provider Inquiry/Correspondence* page. The provider ID is inserted by the system.

3. Click **Search**. The correspondence will display in the search results table.

4. Click the Corr ID number underlined in blue font to open the contact form and view the GMCF response.

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Contact Us

Contact Form

Correspondence ID :	C1 ████
Contact For :	Outlier ▾
ICN Number :	111111111111
Contact Name :	Test.Case
Contact Email Address :	Test.Case@gmcf.org
Confirm Email Address :	Test.Case@gmcf.org
Phone Number :	777-777-7777 Ext.
Message / Question :	
	Please enter your message here that you wish to convey to the Outlier review team. - Submitted on : 9/28/2016 12:35:44 PM
GMCF Response :	Dear Provider Your Outlier review request has been reviewed and approved. - GMCF Nurse Reviewer (9/28/2016 12:47:02 PM)
Reference Attachments :	

[Reset Form] [< Back] [Return to Provider Workspace]

5. If staff attaches documents to the response, the files will be listed next to 'Reference Attachments'. Click the file name to open the attachment.
6. Click **Back** to return to correspondence search, or click **Provider Workspace** to return to the workspace page.

[Reset Form] [< Back] [Return to Provider Workspace]

Outlier Web Entry